

**REQUEST FOR ALLOWANCE OF ATTENDANCE
BECAUSE OF EMERGENCY CONDITIONS
Form J-13A (Rev. 01-05)**

School District (or Charter School) Name:

School District (or Charter School) Address:

County-District Code:

County Name:

This form replaces the Form J-13A (Rev. 4-90) and should be used to obtain approval of attendance and instructional time credit under one or more of the following conditions:

- When one or more schools were closed because of conditions described in *Education Code* Section 41422
- When one or more schools were kept open but experienced a material decrease in attendance because of conditions described in *Education Code* Section 46392
- When attendance records have been lost or destroyed as described in *Education Code* Section 46391

Approved credit for instructional time may be used in conjunction with regular instructional days to satisfy the requirements of *Education Code* Section 37202 (equal length of instructional time among schools within a district).

A separate form should be submitted for each emergency event, but credit may be requested for more than one school and under one or more of the foregoing conditions on the same form. Each separate form must include the affidavit of the governing board members and the county superintendent before it can be approved by the State Superintendent of Public Instruction.

The original form (with the board members' affidavit) and two copies should be filed with the county superintendent of schools. If the county superintendent approves the request, he or she should execute the affidavit certifying that approval and forward all pages of the original and one copy of the form to:

Carina Saraiva-Perez
School Fiscal Services Division
California Department of Education
1430 N Street, Suite 3800
Sacramento, CA 95814

This form consists of five preprinted pages. Pages 1 and 5 (5C for charter schools) must accompany all submissions. Page 4 (Lost or Destroyed Attendance Records) will not need to be submitted by most districts. Multiple copies of Pages 2 and/or 3 may have to be submitted when claims are made on a school-by-school basis.

SCHOOL CLOSURE

Nature of Emergency (describe):

Name of School(s):
(if request covers all schools, write "all schools")

School Code(s):

We request that apportionments be maintained and instructional time credited for the above named school(s) without regard to the fact that the school(s) were closed on (dates):

because of the described emergency. Approval of this request authorizes the local educational agency to disregard these days in the computation of average daily attendance (ADA) (per Section 41422) and obtain credit for instructional time for the days and the instructional minutes that would have been regularly offered on those days pursuant to *Education Code* Section 46200, et seq.

If the school closure resulted from a power outage or impassable roads caused by inclement weather, state the number of school closure days for the same conditions in each of the last five years:

MATERIAL DECREASE

Nature of Emergency (describe):

Name of School:
(if request covers all schools, write "all schools")

School Code(s):

We request the substitution of estimated days of attendance for actual days of attendance in accordance with the provisions of Section 46392. Approval of this request will authorize use of the estimated days of attendance in the computation of apportionments for the foregoing school(s) for (dates) _____ during which school attendance was materially decreased because of the described emergency.

Estimated attendance for each day (October or May ADA): _____ students per day.
Estimated daily attendance multiplied by number of days of material decrease, yields _____ days of attendance requested.

State method of determining estimated daily attendance (October or May ADA):
ADA for school month beginning on _____, 2____ and ending on _____, 2____.

Actual apportionable attendance for days of material decrease:

Site	Date	Actual Attendance
------	------	-------------------

LOST OR DESTROYED ATTENDANCE RECORDS

We request the use of estimated attendance in lieu of attendance that cannot be verified because of the loss or destruction of attendance records. This request is made in accordance with Section 46391. The entire period covered by the lost or destroyed records commences with _____, 2____, up to and including, _____, 2____.

Describe circumstances and extent of records loss or destruction:

Describe how it is proposed to reconstruct attendance records or estimate attendance in the absence of records:

We, members constituting a majority of the governing board of the _____
_____ school district, hereby swear (or affirm) that the foregoing
statements are true and are based on official district records.

Printed Names	Signatures

Subscribed and sworn (or affirmed) before me, this ____day of _____, 2____.

Signature, Title _____

of _____ County, California

Name: _____ Title: _____
Phone: _____ Fax : _____ E-mail: _____

The information and statements contained in the foregoing request are true and correct to the best of my knowledge and belief.

Signature, County Superintendent of Schools _____
Date: _____

Subscribed and sworn (or affirmed) before me, this ____ day of _____, 2____.

Signature, Title _____

of _____ County, California

Name: _____ Title: _____
Phone: _____ Fax : _____ E-mail: _____

AFFIDAVIT OF CHARTER SCHOOL GOVERNING BOARD MEMBERS

We, members constituting a majority of the governing board of the _____
 _____ charter school, hereby swear (or affirm) that the foregoing
 statements are true and are based on official district records.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Printed Names Signatures

At least a majority of the members of the governing board shall execute this affidavit.

Subscribed and sworn (or affirmed) before me, this ____ day of _____, 2____.
 Signature, Title _____
 of _____ County, California

Contact/Individual responsible for preparing this form:

Name: _____ Title: _____
 Phone: _____ Fax : _____ E-mail: _____

Approval by Superintendent of Authorized Local Educational Agency (LEA)

Signature, Title _____
 of _____ (LEA).

AFFIDAVIT OF COUNTY SUPERINTENDENT OF SCHOOLS

The information and statements contained in the foregoing request are true and correct
 to the best of my knowledge and belief.

Signature, County Superintendent of Schools _____
 Date: _____

Subscribed and sworn (or affirmed) before me, this ____ day of _____, 2____.
 Signature, Title _____
 of _____ County, California

Contact/Individual responsible for preparing this form:

Name: _____ Title: _____
 Phone: _____ Fax : _____ E-mail: _____